

VFC MONTHLY IMMUNIZATION REPORT -HEP B HOSPITALS revised March 2013

Contact Person:		Phone:		Fax:		VFC PIN#	
Practice/Facility Name:				Reporting Month:		Reporting Year:	

Number of Clients by Category	
	Age of Clients
Eligibility Status	<1 Yr
Medicaid (T19) (VFC)	
Uninsured (VFC)	
Native American (VFC)	
Fully Insured	

****NOTE: PIN NUMBER MUST BE ON EACH PAGE OR MIR WILL BE REJECTED**

****VACCINE MUST BE REPORTED WITH LOT NUMBER AND EXPIRATION DATE OR MIR WILL BE REJECTED**

****ANY MIR SUBMITTED ON OLDER PAPER VERSION WILL BE REJECTED**

****VACCINE ORDER MUST BE SUBMITTED WITH REPORT****

This report is due each month by the 10th day of the month following the reporting period.

SUBMIT BY FAX OR EMAIL TO:

immreporting@kdheks.gov

785-296-6510

FORMS AVAILABLE AT:

http://www.kdheks.gov/immunize/vfc_reporting

VFC PIN #

Pediatric Vaccine Inventory by Number of Doses

Vaccine Type	Brand	NDC	Lot #	Expiration Date	Beginning Monthly Vaccine	Vaccine Received In From State	Total Amt of Vaccine Admin	Vaccine Transferred to/from Another	Expired or Wasted Vaccine	Unaccounted For Vaccine Doses	Borrowed Vaccine	Ending Monthly Vaccine	
Hepatitis B (Ped/Adol)	Engerix B Vials	58160-0820-11		/ /									
				/ /									
				/ /									
	Engerix B Syr	58160-0820-52		/ /									
				/ /									
				/ /									
	Recombivax Vials	00006-4981-00		/ /									
				/ /									
				/ /									
Total Hepatitis B													

TOTAL PEDIATRIC												
-----------------	--	--	--	--	--	--	--	--	--	--	--	--

Adult Vaccine Inventory by Number of Doses

Adult Vaccine Inventory by Number of Doses												
Vaccine Type	Brand	NDC	Lot #	Expiration Date	Beginning Monthly Vaccine	Vaccine Received In From State	Total Amt of Vaccine Admin	Vaccine Transferred to/from Another	Expired or Wasted Vaccine	Unaccounted For Vaccine Doses	Borrowed Vaccine	Ending Monthly Vacine
Adult Tdap	Boostrix Vials	58160-0842-11		/ /								
				/ /								
	Boostrix Syr	58160-0842-52		/ /								
				/ /								
										Total Adult Tdap		

TOTAL ADULT												
-------------	--	--	--	--	--	--	--	--	--	--	--	--